

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D		10/18/99
O.I.P.E. CLASSIFIER			7/20/99
FORMALITY REVIEW	GW	69916	10/29/99

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral) Canceled	A	Appeal
.	Restricted	O	Objected

Claim	Date
Final	
Original	
12	12/1
13	12/1
14	✓ ✓
15	✓ ✓
16	✓ ✓
17	✓ ✓
18	✓ ✓
19	✓ ✓
20	✓ ✓
21	✓ ✓
22	✓ ✓
23	✓ ✓
24	✓ ✓
25	✓ ✓
26	✓ ✓
27	✓ ✓
28	✓ ✓
29	✓ ✓
30	✓ ✓
31	✓ ✓
32	✓ ✓
33	✓ ✓
34	✓ ✓
35	✓ ✓
36	✓ ✓
37	✓ ✓
38	✓ ✓
39	✓ ✓
40	✓ ✓
41	✓ ✓
42	✓ ✓
43	✓ ✓
44	✓ ✓
45	✓ ✓
46	✓ ✓
47	✓ ✓
48	✓ ✓
49	✓ ✓
50	✓ ✓

Claim	Date
Final	
Original	
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Claim	Date
Final	
Original	
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If more than 150 claims or 10 actions

staple additional sheet here

BEST AVAILABLE